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AUTHOR Stone, Nancy W.
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ABSTRACT

The paper reviews aspects of a young child's emotional development occurring in social interactions and discusses implications for children having, or at risk of having, emotional and behavioral problems. Contributions of ethology and ecology are cited in an examination of the child's interaction with the family. Research findings are reviewed on attachment behavior, impact of infant behaviors on parent functioning, the child's socialization, and emotional problem solving. The author concludes that severe emotional and behavioral problems occur in the presence of a continuous malfunction in the organism-environment transaction over time. (CL)

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EMOTIONAL DEVELOPMENT AND DELAY: THE CHILD IN THE CONTEXT OF THE FAMILY ENVIRONMENT

Nancy W. Stone, M.D.*

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*Director, Training
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Emotional Development and Delay:

The Child in the Context of the Family Environment

Nancy W. Stone, M.D.

This session will review aspects of emotional development which occur in the context of the young child's interactions with his social environment, first with his family, and second in a school setting. Examples of developmental acquisitions will be used as a means of presenting a way of looking at emotional development and developmental problems in young children. The goal of this presentation is to provide information relating to how we, as professionals, understand and support the emotional development of young children, those who have, or appear at risk of having problems in the emotional and behavioral domain, and those whom we believe to be functioning well.

In the field of mental health, earlier theories about child development and about emotional problems focused principally on the child, and emotional problems were explained in terms of the characteristics of the child; i.e., intrapsychic dynamics or their behavioral expressions. The effects of interactions between child and parent were understood as occuring in only one direction, from the parent to the child. Consequently, if the child had problems, it was considered that the parent's failures had caused them. Current research indicates that this was an oversimplification, and in many instances, an inadvertant disservice to both parents and children.

Recently, the field of ethology, the scientific study of the behavior patterns of animals, has influenced both methods of study and theories about emotional development in infants. One outcome of this work has been our present understanding of the bidirectionality of effects of interactions between child and caregivers. Not only does the parent or teacher influence the child, but also the child influences the parent or teacher and the characteristics of their interactions. Difficult/ maladaptive patterns of interaction can thus occur between a child and caregivers who have functioned very capably with other children, because of primary factors originating in the child. Another influence of the field of ethology has been our attention to phenomena such as attachment.

Current theories about the development of young children also have been influenced by the field of ecology, the study of the relationship between individuals and their environment. Ecologists define normality as behavior which meets the expectations of the social system in which the individual is functioning.[1] The term, system is used to refer to a set of elements in interaction, the state of each element being constrained by that of the other elements in the system. For example,

* For convenience in this paper, masculine pronouns will be used in referring to infants and feminine pronouns in referring to parents. There is no implication in this that emotional development or developmental problems occur only in male infants, or that all parents and teachers are female.

if you are a teacher of a very active aggressive child, initially the child's behavior is unlikely to meet your expectations, and there is no question that your state will be constrained by that of this child. Less strikingly, but to some degree, your functioning will be affected by that of all of the children in the classroom system, those who meet your expectations and those who do not.

One of the criteria of serious emotional disturbance which is given in PL 94-142 is "the appearance of inappropriate behavior and feelings under normal circumstances". In our pluralistic society, there may be considerable disagreement about what is normal and what is appropriate. One example about which there is a great deal of feeling is the appropriateness of abortion. In our work with children, it helps to remember that a child may meet the expectations of one system, his family system, and at the same time fail to meet the expectations of a second system in which he is expected to function, the classroom or school system, because the parent and the teacher do not have the same expectations of the child; i.e., they do not define normality and appropriate behavior in the same way.

The importance of matching educational demands to child capabilities and developmental levels has been known to special educators for a long time. Only recently, have we begun to recognize that the ecological match, the compatibility of child and environment, is as necessary for emotional as it is for cognitive development.

From the perspective of ethology, parent-child systems have the principal goal of supporting the development of the child and thus ensuring species survival. Development has been defined as a lasting change in the way in which a person perceives and deals with his environment.[2] In the domain of emotional development, we can identify a sequence of developmental changes which mark the progress of the child and which alter the characteristics of his interactions with his environment.

In the newborn period, infants are facilitated in their achievement of control over their own physiological systems through the establishment of a synchrony of interaction between child and parent, which appears to enable the infant to use social cues received from his parent to prolong his states of attention and to receive more complex messages.[3] As development proceeds, the infant increasingly takes the lead in their interactions;[4] that is, there is an emerging autonomy in this early developmental period.

A number of infant behaviors have been described as attachment behaviors.[5] Attachment is defined as an emotional tie which binds one individual to another and promotes efforts to maintain proximity. Infant attachment behaviors appear to represent an instinctive, inborn set of behaviors which, in an average expectable environment, operate to promote the proximity of the caregiver to the helpless infant, and reinforce caregiving behaviors. These infant attachment behaviors

include crying, smiling, vocalizing, postural adjustments to being held, the establishment of eye contact, and later, reaching and crawling.

Some interesting findings are being reported in the research on attachment. For example, classic learning theory would lead us to believe that parents' responses to crying behavior in infants would operate to reinforce and thus increase the frequency of crying. However, from an ethological perspective, crying is an inborn signalling behavior which has the purpose of eliciting caretaking. Research [6] has supported this explanation, in that the infants of mothers who were rated by observers as responsive to the infant's cries in early infancy were found to have significantly less crying behavior later in infancy, as compared to another group of infants whose mothers were rated as unresponsive. Rather than becoming spoiled by their parents' responsiveness, the infants appeared able to develop other communication behaviors.

Other well known instances of the effect of the environment on the development of young children are the "natural experiments", orphanages which provided physical sustenance, but little human contact which have been reported. In these emotionally depriving environments, there was a high incidence of depression, apathy, problems in all aspects of development, and decreased resistance to disease as well. From time to time, we see a child whose home environment apparently is not

sufficiently emotionally nurturing because the caregiver is not emotionally available to the child, or because the child's emotional support has been lost through the hospitalization, death, or desertion of the only available caregiver. These children show irritability, depression, then apathy, and in some instances, developmental retardation, a failure to thrive in the absence of any physical conditions which could cause this. These children may also show some of the self stimulating behaviors which we see in the autistic child, but in contrast, they respond to a change to a nurturing environment with a decrease in self stimulating behaviors, a decrease in signs of depression, and with an increase in physical growth, as well.

Other research relates to the impact of infant behaviors on parent functioning. In some handicapped infants, it has been found that the emergence of attachment behaviors can be delayed, or their strength diminished.[7] As a consequence, the mother does not receive communication cues which she is able to understand, and she does not receive reinforcement for her efforts to parent.[8] When she picks up her infant, he becomes stiff instead of snuggling, or he is physically unresponsive. When she smiles at him, he doesn't smile back, or even look at her. This can be devastating to an insecure mother, especially if - as is the case with some young parents - a strong motivation for having the baby was to have someone whom she felt loved her.

Other infants have a style of relating, a temperament which makes them very difficult to parent. They are not regular in establishing feeding and sleep patterns, they respond to any change in routine with irritability, they cry a lot, and they are not easily soothed. Thomas and Chess have called this the "difficult child".[9] The child's behavior threatens the mother's self esteem, in that a mother's self esteem tends to be enhanced when she is able to soothe her infant or to support him in his efforts to achieve some goal. In addition, it is irritating and upsetting just to be around the child. A difficult child is at risk not only of problems in establishing a secure attachment, but also, in the instance of potentially abusive parents, he is at risk of being the child in the family who is abused.

And a small number of children show little interest in relating to people, preferring instead to manipulate objects, to spin and twirl themselves in space. Increasing evidence indicates that this condition, autism, originates in the child, and interferes with the establishment of early preferences for and attachments to people. In discussing children, it convenient to separate them into categories, such as the above. However, it is more accurate to consider continuums of child functioning, which stretch from the most rewarding, easiest to parent child who survives in apparently highly stressful environments to the most difficult to parent and most vulnerable child.

In the latter part of the first year, attachment is demonstrated by the child's preference for the mother (primary caregiver) over others, and

by the use of the mother as a secure base from which strange situations are explored.[12] For a brief period, the child may separate from the mother or principal caregiver with difficulty. If environmental constraints require the separation during this time, even though the child is frightened (the child may have to be cared for by another person because the child is hospitalized, the mother is ill, or because the mother has an inflexible working schedule), he may experience tension which appears in the form of disturbances in sleep, feeding problems, and/or an increase in crying.

The outcome of this period of tension depends on the resources available to the child and the resources available to, and the flexibility and security of the parent. Common caregiving practices include games such as "Peek-a-boo", which help the child to establish a measure of control, to cope with this frightening experience of disappearances.[10] (Coping is defined as the process, the steps or sequences through which the child comes to terms with a challenge, or makes use of an opportunity. Adaptation is the result of this effort.[11]) And this is the usual outcome of separation anxiety, it is transient and leads to adaptation by the child as the child matures and the experience of separation becomes less frightening.

In other instances, instead of being able to assist the child to cope with the problem, the caregiver can find the child's expression of tension (the sleep or feeding disturbance, irritability, clinging

behavior) to be one problem too many to cope with herself. She may be ill, she may be overwhelmed by financial problems, or marital problems. She may lack emotional support systems for herself, she may find the child's behavior threatening because of some special significance it has to her (it may reinforce her fears of inadequacy, or of being rejected), she may be so young that she is more in need of parenting herself. Whatever the reason, if her response is dictated more often by her own needs than by those of the child, the child's problems are compounded. If the problem is not resolved well, adaptation to later circumstances which involve separation, such as entry into a preschool program, also may be difficult for the child and the parent.

As the child's new capabilities for control over movement, which include feeding himself, picking up prized objects, and especially locomotion increase, they launch him into a period of increasing independence. His emerging language, especially his acquisition of the powerful word, "no", assist him in beginning to separate his own acts and wishes from those of his caregivers. This period of emerging autonomy builds on the earlier style of relating with his principal caregiver; i.e., optimally there already is a pattern of support from the mother for control by the child over some of his actions, a pattern which began with such simple interactions as her tolerating his interrupting feeding to look around. This period forms the foundation for the process of socialization which will occupy parent and child through what are sometimes referred to as "the terrible twos".

Socialization, learning what can be picked up and what can't, what can be thrown and what can't, what can and should be flushed down the bathroom plumbing and what can't be, what can be hit and with what, and when something is "mine", and when it must be shared, puts the child into inevitable conflict. What he is inspired to do so often is contrary to what the persons to whom he is attached seem to want him to do. The consequence is a period of heightened tension in the child which is expressed in the form of dreams of large forbidding monsters; fear of loud noises, of ferocious animals, of rushing water which may carry him away witn it; periodic refusals to go along with all of the demands; and outbursts of irritation which adults call temper tantrums. It also is a period of heightened tension in the adult which can be expressed in irritation that the child is so difficult, and in efforts to demonstrate who is in charge in this household.

During this period, the majority of children have some expressions of tension that one could consider to be "problem behaviors", but their infrequent appearance puts them in the category of the "normal" problem behaviors of this age. When the frequency or the severity of the behaviors increases, it is likely that this is a situational response which reflects an increase in external pressures on the child; i.e., increased stress, which has raised the tension in the child beyond the level with which he can cope. As a part of their own development, parents learn to understand when the child's behavior is an expression of fear and a call for support, to recognize when their expectations

exceed the child's current capabilities and to reduce the demands a bit, to avoid contests of will/power struggles, to enlist the child as a partner in controlling his actions, and the problems subside. Again, as in the child's earlier development, if the parent's response is governed more by an effort to meet her own needs than to assist the child to cope, the problems are more likely to persist or to increase.

Our best understanding of emotional/behavioral problems in this period is that they appear when the child is unable to get his own wishes and needs met within the circumstances of his environment, and he is unable to find an acceptable expression of the tension which follows. Of particular interest, I think, are the emotional problem solving techniques which also are taught children as a part of the socialization process; i.e., are a part of the repertoire of parenting behaviors. These include what in mental health terminology are called substitute gratifications, such as, the use of substitute objects - "You can't play with Mommy's keys, but here are some keys that will be Susie's keys"; "You can't hit baby brother, but here is your own punching bag, Bonzo to hit, Bam!"; substitute acts - "You can't hit Bobby, but you can tell him you don't like for him to put sand in your hair"; the use of language to control impulses - you hear the child telling himself, "no, no!" when he is considering emptying the family size box of laundry soap on the floor. (Sometimes this works, sometimes not, but it is an early effort); and rewarding of

postponement of gratification - "you can't have any now, but at dinner, I will give you a big piece!".

Children also have resources of their own for coping with the demands of this period. Children have play-with-objects as a powerful tool for exercising control over events, for expressing feelings in an acceptable manner - objects can be made to fall, to crash, one can pretend or even cause them to disappear, mud pies can be made, and other gratifiying activites carried out, without generating much grief from parents.

Persistant problems, for example, the failure to establish control over impulses which appears as problems of aggressive behavior toward people, destructive behavior toward objects, toilet training delay; or the delay in establishing a self assured autonomy and trust of others; or persistant fears which limit the child's activity; or depression; or eating, sleep and some speech disturbances appear to reflect a combination of causes. Two massive longitudinal studies support this concept. One is reported as a statistical analysis of multiple independnt variables, the other is a sequential study of dynamic interactions between parents and their children.

One study followed 660 children from Hawaiian, Chinese, Philippino and Caucasian families over an 18 year period on the island of Kauai, one of the Hawaiian Islands.[12] The factors identified in the Kauai

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study were that an interaction between biological impairment (low birthweight, perinatal stress, suggestive neurological findings at birth), a low family standard of living, and distressing or non-rewarding temperamental traits in infancy correlated moderately accurately with the finding of persistent mental health problems at age 10 ($r = .39$). An additional finding was that the children whom home visitors rated as having adequate emotional support at home were only 1/7th as likely to show emotional problems at age 10 as those children whom raters considered not to have adequate emotional support at home. The presence of persistent mental health problems (mental health services required for 6 months or longer), remedial education and physical handicaps at age 10 were powerful predictors of the presence of persistent mental health problems at age 18 ($r = .88$).

The other study followed 95 children from lower socioeconomic status Puerto Rican families and 141 children from middle and upper middle class predominantly Jewish families in New York over a 20 year period.[13] In this study, children were grouped according to their behavioral style, their temperament. Later severe problems were found more frequently, but not always, in those children who in infancy had the characteristics of the "difficult child". Thomas and Chess reported that their observations indicated that deviant development was the result of the interaction between a child's individual style of functioning and significant factors of the environment. In no case were later behavioral or emotional problems explained by temperament

alone. Observations of child-parent interactions showed that when parents were able to use the guidance that was provided to alter their parenting expectations and practices to support the development of the children with later emotional and behavioral problems, the problems improved in some instances and disappeared in others. In contrast, when observers rated parent functioning as failing to show modification, later findings were that no child in this group showed marked improvement or recovery from their problems.

In summary, we now understand severe emotional and behavioral problems to occur in the presence of a continuous malfunction in the organism-environment transaction over time. As has been stated earlier in this paper, the initial contributions to the malfunction may arise in characteristics of the child whose behaviors do not serve to cue and reinforce his caregivers and who, in order to cope with his own biological systems and with his environment, requires parenting or teaching which is unique in either its amount or its characteristics. The initial contributions may arise in the mismatch between child and caregiver temperaments (one caregiver's active, curious, independent little man is another caregiver's hyperactive, defiant little monster). And the environment-organism malfunction may originate in the instance of a caregiver who is too much in need of support herself to provide the emotional support and socializing assistance needed by the child. The behavior or emotional expression which we consider to be a problem represents the child's effort to meet his needs in the context of the

environment as he perceives and experiences it, and expresses the tension generated by his inability to accomplish this.

At age three or four, many children face the task of learning to cope with the group socialization process which occurs in a preschool setting. Optimally, the child arrives at school with a secure attachment to a parent and a capability to form an attachment to a teacher, and a sense of himself as a valued and competent individual. In addition, he needs physical, cognitive, emotional, and social developmental levels and skills that will enable him to cope with and adapt successfully to the expectations of the teachers and the other children, and to continue to develop and maintain his self esteem, and an enjoyment of learning and of peer play, in the process.

Other children will find the school experience very stressful because of an inability to achieve the developmental levels and social skills expected in the classroom and on the playground. The child may encounter expectations that differ appreciably from those of his family culture regarding what is normal and appropriate. A child may bring a temperament that does not match that of his teachers. He may be delayed in the achievement of control over his own behaviors, his impulses, or have activity levels that are incompatible with the demands of a classroom. He may have difficulty in sharing and in playing with peers. Or he may be persistently frustrated, irritable, fearful, or withdrawn and depressed because of continuing stress in his

home environment. The second part of this presentation addresses the continuing development of the adaptive child, and the child with problems, in the context of the classroom setting. In addition, it will describe aspects of Head Start's demonstration program in preventive mental health, the Head Start Child and Family Mental Health Project.

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MENTAL HEALTH CONSULTATION

IN THE HEAD START

CHILD AND FAMILY MENTAL HEALTH PROJECT

Nancy W. Stone, M.D.
Vicki M. Pendleton, M.S.W.

In order to impact on development which occurs in the context of the classroom system, mental health consultation addresses the following:

TEACHER/CURRICULUM

Teacher understanding of and acceptance of her/his role in supporting emotional development

Availability of curriculum materials relating to emotional development in preschool children

Integration of the curriculum into classroom activities

TEACHER/AIDE RELATIONSHIPS/INTERACTIONS

The degree of match between the teacher's leadership style and working style of the aide

The degree of match between the philosophies and expectancies of the teacher and aide regarding teaching, child development, and child rearing

TEACHER/CHILD INTERACTIONS

Effectiveness of the teacher/aide in relating to a group of young children

Recognition by the teacher/aide of the different developmental levels at which the children are functioning

The effectiveness of the teacher/aide in helping the children to develop a range of behaviors and coping skills which can be expected to have positive consequences for them in school, home, and community environments

CHILD/CHILD INTERACTIONS

Awareness by children of the feelings of other children

Acceptance by children of other children who are perceived as different

In order to impact on development which occurs in the context of the family system, consultation is provided to staff leaders of "EXPLORING PARENTING" activities (or comparable parent group activities).

Additional consultation activities include the following:

Assistance is provided to staff in identifying factors which are contributing to classroom problems, and assistance is provided (through training and technical assistance) in dealing more effectively with them.

Crisis intervention is provided in the instance of sudden major problems relating to home or classroom environments.

In the instance of ongoing problems, staff or families have access to assistance in clarifying the options which are available to them in locating support systems/ counseling/ therapy